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Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

APPLICATION FOR DRIVER TRAINING SCHOOL LICENSE

DTS 001 (04/05/05)

Purpose: Use this form to apply for a driver training school license for passenger vehicle training or occupational commercial vehicles weighing over 20,000 pounds.

Instructions: Return the completed form to the Commercial Licensing Work Center at the address above.

TYPE OF APPLICATION				
(check one)	<input type="checkbox"/> Original (first-time application)	<input type="checkbox"/> Renewal	<input type="checkbox"/> Upgrade	Fee: <input type="checkbox"/> \$100 – One-Year License <input type="checkbox"/> \$200 – Two-Year License
School will provide in-person instruction for: (specify) <input type="checkbox"/> Class A: Training for Occupational Commercial Vehicles in excess of 20,000 lbs. <input type="checkbox"/> Class B: Training for Passenger Vehicles				
Submit the following with your application: <ul style="list-style-type: none"> • Certificate of Insurance (DTS 005) • Surety Bond (CDT-006 for Class B) (CDT 009 for Class A) • Copy of local business license (if applicable) • State Police Criminal Background Check (owner/manager) • Copy of contract or agreement with expiration date authorizing the use of the facility to conduct classroom/in-vehicle training • Fee 				

IDENTIFYING INFORMATION				
SCHOOL SITE NAME			LOCATION (IF DIFFERENT FROM MAILING ADDRESS)	
MAILING ADDRESS			CITY	STATE ZIP CODE
CITY	STATE	ZIP CODE	PHONE NUMBER ()	FAX NUMBER ()
OWNER/MANAGER LEGAL NAME (last) (first) (mi) (suffix)			EMAIL ADDRESS	CUSTOMER NUMBER AND EXPIRATION DATE
BUSINESS ADDRESS (if different from mailing address)			FEDERAL EMPLOYER ID NUMBER	BUSINESS LICENSE NUMBER (if new application)
HOME ADDRESS			SCHOOL LICENSE NUMBER (if previously licensed)	
CITY	STATE	ZIP CODE	Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? <input type="checkbox"/> Yes If yes, list and explain. (Attach additional sheets as needed.) <input type="checkbox"/> No	
OWNER/MANAGER HOME TELEPHONE NUMBER ()				

APPROVAL OF DRIVER TRAINING PROGRAMS	
<p>A. The following must be completed by driving training schools conducting a driver education program when persons under nineteen years of age are enrolled. Schools receiving approval by the Department of Motor Vehicles must meet the requirements of the Code of Virginia pertaining to the issuance of an operators license to minors, age sixteen and under the age of nineteen years.</p> <p>1. If your school offers classroom instruction in driver education to any person under nineteen years of age, the course must consist of a minimum of thirty-six periods of classroom instruction and include a unit on aggressive driving, distracted driving, alcohol, drug abuse, and motorcycle awareness. Does the driver education course provide these minimum requirements for these students enrolled in the course? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If your school offers in-vehicle instruction in driver education to any person under nineteen years of age, each student must participate in a minimum of fourteen periods of instruction, of which at least seven periods are actual car operation and seven periods are observation. Does the in-vehicle instruction provide these minimum requirements for these students enrolled in the course? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If your school offers classroom instruction and/or in-vehicle instruction, the courses must be conducted in accordance with the Curriculum Guide for Driver Education in Virginia so as to be comparable in content and quality to that offered in the public schools. Are you using this guide to conduct your program in driver education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have all instructors of students under nineteen years of age successfully completed six semester hours in driver education approved by the Department of Motor Vehicles consisting of: a. 3 semester hours in Introduction to Driver Education: Driver Task Analysis, and <input type="checkbox"/> Yes <input type="checkbox"/> No b. 3 semester hours in Instructional Principles of Teaching Driver Education <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Type of instruction that will be provided: (check one) <input type="checkbox"/> classroom <input type="checkbox"/> in-vehicle instruction <input type="checkbox"/> both classroom and in-vehicle instruction</p> <p>C. I certify that I will use a curriculum approved by the Department of Motor Vehicles that includes state motor vehicle laws and federal motor carrier safety rules and regulations. Additionally, the curriculum will be in accordance with the curriculum guidelines for Driver Education in Virginia and current statutes and regulations pertaining to motor vehicles and the operation of the school. <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____</p>	

DMV USE ONLY				
Clerk Stamp	Verification of:	Fee/Accounting Control	Remarks	License Number: _____ School Date: _____ Expiration Date: _____
	<input type="checkbox"/> Fee(s) <input type="checkbox"/> Teaching Certificate <input type="checkbox"/> Course Transcript <input type="checkbox"/> State police criminal background check	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Data Entry		

VEHICLES USED FOR STUDENT TRAINING

	VEHICLE MAKE	YEAR	COLOR	VEHICLE ID NUMBER (VIN)	LICENSE PLATE NUMBER
VEH1					
VEH2					
VEH3					
VEH4					
VEH5					

Form DTS-005 Certificate of Insurance and appropriate fee must accompany this application.

INSTRUCTOR INFORMATION**DMV USE ONLY**

	NAME (last) (first) (mi) (suffix)	DMV CUSTOMER NUMBER AND EXPIRATION DATE (mm/dd/yyyy)	HOME TELEPHONE NUMBER	INSTRUCTOR LICENSE NUMBER
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	
Mr Ms Mrs			()	

CERTIFICATION (all owners must sign)

I/We apply for a Driver Training School License and certify that all facts contained in this application are true and valid. I/we understand that if licensed, I/we are subject to current statutes and regulations pertaining to the operation of the school and are subject to pre-licensing, initial and annual audits by DMV.

OWNER NAME (print)	SIGNATURE	DATE (mm/dd/yyyy)